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**United States District Court
Eastern District of Michigan**

Plaintiff,

Honorable Judith E. Levy

**Starellen Carter
Cinnamon Pierce et al,**

Case No. 16-10749

v

**Defendants,
State of Michigan
CBET
Laura Francour
Gwen Ervin
Carelink et al,**

FILED
2015 MAR -8 P 1:29
CLERK OF COURT
EASTERN DISTRICT OF MICHIGAN

MOTION TO AMEND ORIGINAL COMPLAINT

Now comes the Plaintiffs, to Amend the original complaint to include the elements which has caused Plaintiffs harm. To declare the Plaintiff's rights under ADA Title II and Section 504, this allows declaratory and injunctive relief. To declare ADA Section 504 whereby, Section 504 may be enforced through private lawsuits and it is not necessary to receive a "right-to-sue" letter before going to court.

Plaintiff Starellen Carter, mother of minor child Cinnamon Pierce, has gone through extraordinary lengths to obtain good quality health care for Plaintiff Cinnamon Pierce. Cinnamon Pierce is a 17 yr. old minor child who acquired mental illness as a result of rape at the age of 10 by a cousin

male family member. At that time, Plaintiff Cinnamon Pierce did not disclose anyone the incident.

Plaintiff, Starellen Carter, Cinnamon's mother did notice a drastic change in her child. Starellen sought the help of psychiatrist who suggested an inpatient evaluation. It was discovered during the initial evaluation that "a traumatic event" happened by therapist Helen at Hawthorn Center. At the family meeting, Cinnamon did not disclose the traumatic event. Not knowing the circumstances of Cinnamon's behavior, doctor's ordered psychiatric psychotropic medication for Cinnamon.

At age 12, Cinnamon disclosed the Traumatic rape to an older sibling, Dejeuner Pierce. Dejeuner encouraged Cinnamon to "go tell Mama". Subquently, Dejeuner disclosed the fact that Cinnamon was raped by cousin Demario. Plaintiff Starellen Carter, notified Ferndale Police and Cinnamon had a "Care House" videotaped interview in Oakland County. Oakland county form of "Kids Talk". The matter was then put before the court in front of Referee Mallet and Judge Edward Sosnick. Plaintiffs were told to "keep Demario away from Cinnamon".

Every time Plaintiff Cinnamon Pierce opens up and discloses to therapist, teachers, counselors, principals, neighbors, etc... that she was raped, it results in a visit from Child Protective services. In the spring of 2014, Plaintiff Starellen Carter filed a Motion before retired Judge Sosnick's replacement, Judge McDonald. Plaintiff Starellen Carter and mother of Cinnamon requested to see taped "Care House" interview or at the least, allow Cinnamon's therapist to view the tapes so that there would be some form of solid foundation to counsel and direct Cinnamon toward healing. Plaintiff also requested of Judge McDonald to stop the numerous CPS investigations concerning the same matter of rape. Judge McDonald stated that the State of Michigan has a way of documenting their system so that CPS will know the matter has been resolved and it's the same issue. Judge McDonald also stated that if Plaintiffs has any more investigations into the same matter, to tell CPS to come see her". Needless to say, CPS never goes to Judge McDonald to clear matters.

During all of this time, Cinnamon has been given many medications and diagnosed as, schizophrenic. Plaintiffs have been told that rape trauma leads to schizophrenia. So, for years Cinnamon has been treated unsuccessfully with psychotropic medications. Many of these medications prescribed to treat psychosis actually cause psychosis. Cinnamon will be doing fine and then there comes a teacher who says Cinnamon is too sleepy and so her medication is changed. Then a therapist will order another emergency med review or because Cinnamon refused to take her meds they order Cinnamon inpatient. Cinnamon is given different meds. Then she comes home, Cinnamon is a ZOMBIE with no mind or will of her own. Plaintiff Starellen Carter consults therapist and psychiatrist. Cinnamon reports meds make her high and she does not want to feel HIGH. Cinnamon will go to a program and yet another doctor will order meds, add meds without consulting current prescribing psychiatrist. All of this meds is causing detriment to Plaintiff Cinnamon Pierce.

At Heigera Mental Health Agency in Westland Michigan, Cinnamon was given so much medication, that she had to stop taking Lithium for a week because the Lithium level was so high in her body.

On June 9, 2014 Cinnamon Pierce received an overdose of Risperdal personally administered by Access in St. Clair County Community Mental Health Agency. Hawthorn Center physician had prescribed 12.5 mg injection of Risperdal for Cinnamon. Access would come to Plaintiff's home every day at 8am and 6pm to personally administer Cinnamon her medication at their home. Access administered 37.5 mg injection of Risperdal and oral Risperdal tablets which caused an overdose and Cinnamon almost died. Cinnamon was treated at Port Huron General Hospital for the overdose. Cinnamon was shaking uncontrollably, urinating on herself and could not talk or control her body. Cinnamon was then transported to Harbor Oaks and refused to accept another injection of Risperdal. Cinnamon was judged

to be uncooperative and actually it was a very intelligent decision to make. She had just recuperated from a lethal overdose of that same medicine. Mother Starellen Carter also refused Risperdal medication and she did her research. Risperdal is only available for adults in injection form and there are no pediatric injections. Thus, a child should not be receiving medications specifically for adults. Since treatment was refused, Cinnamon was transferred to Havenwyck Hospital to finish recuperating.

The Plaintiff's moved to Detroit May 11, 2015 and resided at 17395 Greenlawn in which there are big beautiful homes with manicured lawns and a well maintained neighborhood. Cinnamon had begun working her summer job and things were going smoothly until, the first week of July, Plaintiff Cinnamon Pierce walked to the store and she did not return. Plaintiff Starellen Carter called Detroit Police and filed missing person report. Starellen drove the neighborhood with the Police and without the police, to the point where Starellen Carter slept in her car because of exhaustion. The next afternoon, Cinnamon was dumped in the street three blocks from her home in her bra and panties, she called her mother from that point and Starellen did go pick her daughter up off the street. Starellen then took her daughter Cinnamon home and had her get dressed in clothes and immediately took Cinnamon to the 12th Precinct to inform them of what happened to her daughter. Cinnamon told the officer she could not tell him what happened. Within a week Cinnamon told her therapist Lisa Macina that we were in danger. Cinnamon was so fearful that she was once again hospitalized in Hawthorn Center. While Cinnamon was in Hawthorn for the rest of the summer, the car and the men whom Cinnamon described were constantly circling Plaintiff's home day and night.

Subsequently, homeland security Agent Walters 313-226-0775 was assigned to Cinnamon's case. Apparently, this was a human trafficking org preying upon innocent children and females. Agent Walters was notified that the predators were stalking the Plaintiff's home and he also said that

"Cinnamon represented money to them and that is why they are looking for Cinnamon. Plaintiff

Starellen Carter packed up their belongings and moved outside of Detroit for their safety.

Cinnamon was again taken to "Kids Talk" in Detroit on Ferry Street in Detroit. Homeland Security, FBI and Detroit Agents all watched the forensic interview from another room. They said they have good information from Cinnamon and they would probably want to see her again later on in the future.

However, some of the predators living on Greenlawn were apprehended by law enforcement.

Cinnamon was released from Hawthorn Center October 1, 2015 on 600 mg XL Seroquel, 8 mg Ativan, 8 mg Haldol and 450 mg Lithium PER DAY! That was too much medication for a child to take.

Cinnamon was a zombie and Starellen Carter's personal physician said to get Cinnamon to Emergency.

Starellen took Cinnamon to Botsford Hospital in Farmington Hills, the hospital where Cinnamon was born.

Four Botsford ER physicians said Cinnamon is on too much medication and she needs to be weaned off as quickly as possible. They advised cutting her meds immediately and to get her back to the prescribing psychiatrist. Starellen complied and made the quickest appointment she could get for Cinnamon.

Starellen then took Cinnamon to Children's Hospital main hospital to get Cinnamon help until her appointment. Again, the physicians at Children's Hospital said Cinnamon should never have been giving these overlapping medications, it was too much. Children's Hospital physicians said that if a person is truly Schizophrenic the Seroquel will normalize the person and if a person is not truly schizophrenic then the medication WILL MAKE THEM PSYCHIOTIC. They adjusted Cinnamon's dosage and discontinued some medications while she was in the hospital. Upon seeing Dr. Phillip Archer and telling him what both hospitals said about Cinnamon's medication, there was a reduction in medication and Dr. Archer said he did not like Cinnamon being on Ativan.

Cinnamon was doing fine. Cinnamon was weaned down to 150 mg XL twice a day, 1 mg of

Ativan three times a day. Cinnamon had been weaned completely off Haldol for eight days. Dr.

Ochenlinko of Face to Face decided to give Cinnamon a Haldol injection of 25 mg that lasts for 30 days

on December 17, 2015. On December 18, 2015 Cinnamon began to act psychotic. Cinnamon was placed inpatient at Harbor Oaks Hospital in New Baltimore where the physician took her completely off Seroquel and Ativan and used Depakote then sent Cinnamon home with her mother. Any person who has been taking Seroquel as long as Cinnamon HAS TO BE WEANED OFF. Cinnamon began having multiple withdrawal symptoms vomiting, extreme irritability, intense anxiety, shaking, psychotic behavior, which was totally unfair to Cinnamon. Cinnamon began having extreme panic attacks and speaking incoherently. So back into the hospital once again.

This time the Plaintiff Starellen Carter only allowed the medications at the level where Cinnamon was doing just fine. Plaintiff Starellen Carter has stated many times that her daughter was much better before the doctors began to prescribe medication. That the doctors did not know her daughter and was making snap judgments and was playing follow the leader of other physicians. Cinnamon suffers from PTSD stemmed from being raped, not a chemical imbalance. Cinnamon doesn't know how to cope and goes off into her "spirit world" when she can't cope or is overly stressed, has flash backs or nightmares. Cinnamon is not being treated for PTSD. Unfortunately, the physicians and therapist and the state of MI employees make biased decisions based upon what's in their mind. They make up different scenarios to fit their mentality. This IS NOT The BEST INTEREST OF PLAINTIFF CINNAMON!

Plaintiff Starellen Carter has sought private psychiatrist and none would accept Cinnamon on a cash basis because she has Medicaid. Too many doctors are relying upon a "miracle pill" and it is therapy and time that will heal Cinnamon. Cinnamon will never be able to learn to cope ther essential elements of life , if she is forced to take large doses of medication. Seroquel is a heroin like substance. Ativan is habit forming and Haldol impacts the liver and kidneys. Lithium is in car batteries. The physicians wanted Cinnamon to take Cogentin to mask the side affects of the medication. If you are masking the side affects, how do you know when to stop the medication? No physician has answered

that question ever. Plaintiff Starellen Carter refuses to give her child a physical ailment resulting in death. Plaintiff Cinnamon is able to compute algebraic equations without medicine but on these psychotropic medications that affect the neurotransmitters, dopamine and serotonin levels in the brain do not allow Cinnamon to compute algebraic equations. This medicine is causing confusion and psychosis to the point where it incapacitates Cinnamon.

Plaintiff Cinnamon Pierce states she does not want to be high all the time. The doctors say Cinnamon should not feel high taking these meds. Cinnamon does not want to take medications. Starellen Carter only wants her child to take a non-habit forming, as needed medication to get thru the rough spots.

Your Honor, Plaintiff Starellen Carter is the mother of six children, Cinnamon being the youngest child. Plaintiff has not neglected nor abused any of her children. Starellen has been a Substitute teacher in Oakland County and never once received a complaint of child neglect or abuse. Starellen Carter's mother Madeline Penson retired from State of Michigan Child Protective Services District 4. Many times, Mother and Grandmother of the Plaintiffs have attended many counseling sessions with the Plaintiffs. Mrs. Penson asked on several occasions as to why they keep treating her grandchild with medications that don't work? She has yet to receive an answer.

December 2015, Plaintiff Starellen Carter signed documents requesting Cinnamon's acceptance into the Gateway insurance company. Cinnamon was approved to move from Carelink to Gateway and to start receiving treatment with Wayne State University where Cinnamon would have more interaction with the prescribing psychiatrist, instead of 15 minute appointment to get medication and to be weaned off psychotropic medications.

Cinnamon is currently in Hawthorn Center. When she is discharged, she will be under Gateway Health Plan and then under my personal insurance plan with my employer. In February 2016, Carelink called a conference meeting thru CBET with Cinnamon's therapist, case manager and child protective service. I was in training on my new job and I attended via phone. This was an underhanded cloak and

dagger meeting designed and motivated by racism, greed, bias, intimidation, coercion and hostility, premeditation and maliciousness that has nothing to do with the best interest of my child.

CBET Jean Ward facilitated the meeting on behalf of Carelink. She actually was interrogating me, twisting words like she was a prosecutor. I had to tell her that the way she is twisting things is out of order they are biased and where is she getting her information from. I took over the conference. I said first of all, Carelink will no longer be her provider for services, "so what is this meeting for?" I proceed to tell them that 4 doctors from Botsford Hospital where Cinnamon was born said that she should not have been given so many heavy doses of medication. And on top of that Children's Hospital of Michigan who specializes in children said the same thing. And Children's Hospital doctors said, if a person is truly schizophrenic then Seroquel would help them and if they are not Seroquel would cause psychotic behavior. I then said I am sick and tired of you telling me about my child whom I birthed. And no one is qualified to really make a judgment because NON OF THEM knew my child BEFORE psychotropic medication. None of the people at the meeting were prescribing doctors. I told those people that I am tired of my child being used as a guinea pig and I am tired of their preconceived notions. And I will fight them and I will win because they are not going to lock my child up in a facility and dope her up. I have done lots of research and I no longer "just go along with the program" because she could have died. I told them that Cinnamon is going to have one doctor who is consulted, not a bunch of different doctors prescribing meds based upon what they think. Each case in mental health is supposed to be case by case not generalized. Then CPS Gwen Ervin said she was going to Petition the court for medical neglect. I then said Cinnamon is in a Mental Health Care Facility getting the proper help she needs, so how can you file such a petition. I signed her in for treatment.

Honorable Levy, since when does an insurance company have the authority to call forth meetings and make their own decisions about a client's life, especially since they are not doctors? Since

when does CPS have the right to interfere with a patient's right to receive health care? Since when does therapist have the right to make decisions concerning a patient's life? Ild's psychiatric records from Starfish. The office blacked out words. Why?

And also note, no where In Starfish records is Cinnamon Pierce's records is the fact that Plaintiff Starellen Carter and Cinnamon reported the findings of Botsford ER physicians and the physicians at Children's Hospital of Michigan's orders to get Cinnamon weaned off of the medications prescribed to Cinnamon. Instead, Dr. Archer from Starfish, records in his records that Plaintiffs are uncooperative. When in fact, Plaintiffs has consulted other health care experts who ALL agree Plaintiff Cinnamon should not have been prescribed so many heavy medications, that Cinnamon needs to be weaned off heavy medication for a child. (See Exhibit #1)

Honorable Levy, for a psychiatrist to willfully and or neglectfully omit the findings of other physicians from a patient's record. Honorable Levy, this Mental Health care system is designed to keep patients psychotic, locked up, bound up, twisted and confused in fear. Responsible recording is a must in any profession. Also, please note that Cinnamon has been prescribed so many drugs by psychiatrist, that I have been taught to wean her off medications every time blood testing analysis indicated too much drugs in Cinnamon's body is undermining her health. Any time several physicians (Botsford and Children's Hospital) want Cinnamon off psychotropic medication saying it will be good for Cinnamon and the current psychiatrist refuses to consider or consult with other experts rendering their diagnosis, something is wrong.

CPS Gwen Ervin went to Hawthorn Center told Cinnamon she was taking her away from me. I went to visit Cinnamon and she was crying and feeling so hopeless. CPS has no right to interfere with Cinnamon's hospital treatment, nor frighten her nor coerce her. Cinnamon went to her room crying. CPS making such a move is debilitating to Cinnamon's recovery. CPS Gwen Ervin said she was acting on

her supervisor Laura Foucouer advice. I called Laura Francour and told her premeditation is against the law as well as harassment of my child and myself.

Your Honor, this is a case where Carelink insurance company employs CBET to initiate a false investigation in order to lock Cinnamon up and therefore, keep receiving money for Cinnamon. They are doing everything they can to use CPS to help them. CPS knows when there is no neglect or abuse the case should be closed. So CPS is assisting CBET and Carelink in their malicious ploy. The State of Michigan has neglected to act in my child's best interest. The State of Michigan has failed to properly document the mistreatment, misdiagnosis, medical neglect, overdoses, over medication and the true state of Cinnamon's mental health.

Whenever, Cinnamon goes thru PTSD, she accuses every one of rape and abuse. It is usually during the times of flashbacks and nightmares. No one can stop the nightmares or the flashbacks of her rapes. Medication will calm her down. This will go on till she is healed and she can't be healed, learn or grow , doped up to the point of being a zombie. We are tired of the lies stemming from CBET, Carelink, CPS and the State of Michigan Community Mental Health. We are tired of therapist telling lies based upon their biased thoughts. We are tired of defending ourselves because of Cinnamon's disability. Cinnamon does not need the instability of a therapy system designed to destroy, confuse her. Quite naturally, I stood up for my child! And from there all kinds of hell are occurring. Cinnamon's father called me from an unknown number asking what is going on with Cinnamon because CPS sent him a letter. Then he asks "does Cinnamon receive SSI?" Cinnamon's father is a Heroin addict looking to cash in on Cinnamon. I already have a court document that states, Eugene Pierce; Cinnamon's father is contrary to her and her sibling's well-being.

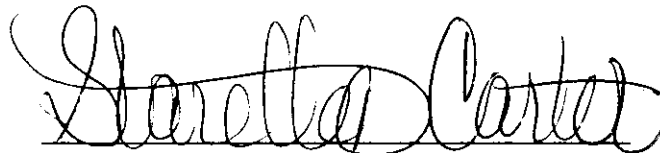
Two of Cinnamon's sibling has psychiatric diagnosis. Dejeuner was diagnosed as Bi-Polar with Psychotic features to the point of homicidal tendencies and has spent time in Hawthorn Center. Upon discharge Dejeuner refused medication and she is now a healthy 22 yr. old mother of two children and

she works full time and has a college education. All without medication. Gina was diagnosed Bi-Polar ADHD and she too spent time in Hawthorn Center. Upon discharge, Gina refused her medication and she is 20 years old mother with a daughter and she too works full time again, without medication. Cinnamon's two older siblings does not have criminal records, they are growing up as young women. Cinnamon needs that chance as well.

Honorable Judith Levy, we humbly approach this Honorable court for relief from people and agencies that are at odds blaming one another with no one taking responsibility for their actions. Because of the amount of confusion, bias, dishonesty, intimidation, coercion, threats, and neglect we had no choice but to come to this Honorable court for relief, compensation, protection and to be able to live peacefully. Cinnamon needs time and love to heal and an as needed non habit forming medication when PTSD is bothering her. Plaintiffs deserve to live peacefully, unencumbered by willfully malicious defendants.

Sincerely,

Date: March 8, 2016

A handwritten signature in black ink, reading "Starellen Carter". The signature is written in a cursive, flowing style with a horizontal line underneath the name.

Plaintiffs
Starellen Carter
8933 Winston
Redford, MI 48239
248-667-1440
Executivesuite777@gmail.com

PROOF OF SERVICE

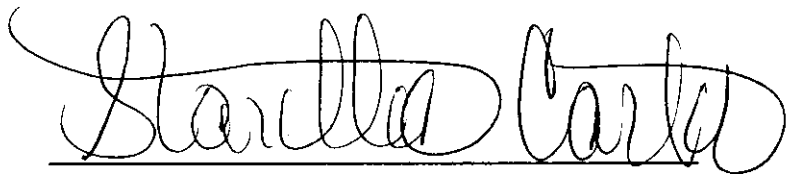
I, Starellen Carter, did deposit into U.S. Mail, a copy of this Amendment to:

State of Michigan
Laura Francouer
Gwen Ervin

Addresss: 13233 Hamilton
Highland park, MI 48203

(3) copies

Date: March 8, 2016

A handwritten signature in black ink, reading "Starellen Carter". The signature is written in a cursive, flowing style. The first name "Starellen" is written with a large, sweeping initial 'S' that loops around the first few letters. The last name "Carter" is written with a large, sweeping initial 'C' that loops around the first few letters. The signature is written on a horizontal line.

Starellen Carter
8933 Winston
Redford, MI 48239
248-667-1440

PROOF OF SERVICE

I, Starellen Carter, did deposit into U.S. Mail, a copy of this Amendment to:

CBET
Jean Ward

Addresss: 18471 Haggerty Hwy
Northville, MI 48167

(2) copies

Date: March 8, 2016

A handwritten signature in black ink, reading "Starellen Carter", written over a horizontal line.

Starellen Carter
8933 Winston
Redford, MI 48239
248-667-1440

PROOF OF SERVICE

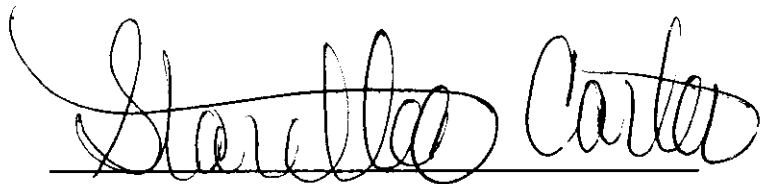
I, Starellen Carter, did deposit into U.S. Mail, a copy of this Amendment to:

Carelink Insurance Co

Addresss: 1333 Brewery Park Blvd
Suite 300
Detroit, MI 48207

(1) copies

Date: March 8, 2016

A handwritten signature in black ink, reading "Starellen Carter", is written over a horizontal line.

Starellen Carter
8933 Winston
Redford, MI 48239
248-667-1440

THE BOTTOM LINE IS THAT RATHER THAN AN
ENLIGHTENED AND COMPASSIONATE MENTAL
HEALTH SYSTEM ATTENDING TO THE NEEDS OF
OUR YOUNG, WE HAVE A DANGEROUS AND
COERCIVE SYSTEM THAT STANDS IMPASSIVE,
NOT ONLY IN THE FACE OF REPEATED
FAILURES, BUT, UNBELIEVABLY, OF CHILD
DEATHS DUE TO TREATMENT.

Jan Eastgate

International President
Citizens Commission on Human Rights

THE SILENT DEATH OF AMERICA'S CHILDREN



**PRESENTED TO THE PRESIDENT'S NEW FREEDOM COMMISSION
ON MENTAL HEALTH, LOS ANGELES, 13 NOVEMBER, 2002**

Citizens Commission on Human Rights International

6616 Sunset Blvd., Los Angeles, CA 90028

(323) 467-4242 or (800) 869-2247

E-mail: humanrights@cchr.org • Website: <http://www.fightforkids.com>



THE SILENT DEATH OF AMERICA'S CHILDREN

A MATTER OF LIFE OR DEATH

"Shaina looked into my eyes as her life ended and I could do nothing to save her. It's been two years and I relive those last few minutes every day. Believe me, it is a nightmare no parent should ever have to live with."

Mrs. Vicky Dunkle, whose daughter, Shaina, died of toxic levels of a prescribed psychotropic drug

The Citizens Commission on Human Rights (CCHR) acknowledges the problems and needs of young individuals and their need for excellent care. These things are self-evident.

However, it seems that many in our mental health system are unaware that parents looking for help do not expect their children to be harmed during the course of psychiatric "treatment," let alone killed.

Today, the mental health treatment of our young is a life or death gamble and, given the growing number of fatalities, a roll of the dice not to be taken lightly. No longer is it a question of whether children die from psychiatric treatments, but rather whose child will be next. It's a question of whether parents are willing to bet their child's life on subjective psychiatric diagnoses and dangerous mind-altering drugs and treatments.

The horror stories of parents who unwittingly gambled by trusting the mental health system with the lives of their children are tragic—and parents are devastated by the fact that they never even knew the level of risks involved.

As the following shocking summary reveals, far too many parents have

unwittingly taken the bet and suffered the ultimate loss. Too late they learned that when children are subjected to psychiatric drugs and "treatments," it's literally a game of Russian Roulette. At stake was the life of their child.

It is absolutely vital that any assessment of the effectiveness of our mental health system or its funding, consider the atrocious record of abuse, fraud and death that now characterizes the expanding mental treatment of our children, and others.

Sincerely,

Jan Eastgate
President CCHR
International



Bruce Wiseman
National U.S.
President, CCHR





THE SILENT DEATH OF AMERICA'S CHILDREN

IN MEMORY OF...

"I cannot go back and change things for us at this point. However, I hope to God my story and information will reach the hearts and minds of many families, so they can make an educated decision."

Mr. Lawrence Smith, whose son died from heart failure caused by a prescribed stimulant

Child Death By Drugs

Millions of school-age children are diagnosed with alleged mental disorders such as Attention Deficit Hyperactivity Disorder (ADHD). By talking out of turn, being distracted, not following directions and fidgeting, a child can be labeled and subsequently drugged. The same subjective "criteria" are used to diagnose toddlers who are then put on powerful mind-altering drugs—often before they are able to form a complete sentence.

While the term "medication" is euphemistically used in the mental health system, the truth is that millions of children are simply being heavily drugged. One of the most common drugs used to treat "ADHD" is listed as a Schedule II controlled substance—in the same category as opium, morphine, heroin and cocaine.

Parents are typically told that the drugs prescribed to treat their children are modern, safe and effective, contradicting numerous studies and reports documenting their known dangers and side effects. Such side effects include stunted growth, weight loss, manic behavior, future drug dependence, heart palpitations, cardiac arrhythmia, anxiety, agitation, insomnia, bizarre dreams, suicidal thoughts, violent behavior, and even death.

Long after the utmost tragedy has struck, more and more parents are left desperately grasping for answers. And the one question that continues to haunt them is "Why wasn't I warned?"

MATTHEW SMITH, 1986 - 2000



Matthew Smith liked riding his bike, playing softball, and had a particular passion for building forts. According to his father, Mr. Lawrence Smith, "The trouble all started for

Matthew in the first grade, when the school social worker kept calling us in for meetings, complaining that Matthew was 'fidgeting' and 'easily distracted.'" They were told Matthew had ADHD. "She told my wife and I that if we wouldn't consider drugging our son, we could be charged for neglecting his educational and emotional needs." After also being told that the stimulant was safe and effective and that it could help, the Smiths acceded to the



CITIZENS COMMISSION ON HUMAN RIGHTS

pressure. On March 21, 2000, while skateboarding, Matthew died suddenly from a heart attack. He was 14 years old. The coroner determined that Matthew's heart showed clear signs of the small blood vessel damage caused by stimulant drugs like amphetamines, and concluded that he had died from the long-term use of the prescribed stimulant. "If we hadn't been pressured by the school system, Matthew would still be alive today," says Mr. Smith. "I cannot go back and change things for us at this point. However, I hope to God my story and information will reach the hearts and minds of many families, so they can make an educated decision."

SHAINA DUNKLE, 1991 - 2001



Shaina Dunkle from Pennsylvania was a little girl whose life was filled with dance classes, girl scouts, piano lessons and softball games. However, in 1999, when Shaina was in second

grade, teachers believed she was "too active" and "talked out of turn." Her mother, Mrs. Vicky Dunkle, was pressured by the school psychologist to have Shaina evaluated for ADHD. The psychologist referred Shaina to a psychiatrist who, after a 30-minute evaluation—with no tests or physical exams—diagnosed her with ADHD and prescribed a psychiatric drug, then later two more. On February 26, 2001,

the school nurse phoned Mrs. Dunkle to report that Shaina had suffered a slight seizure and had fallen out of her seat. Mrs. Dunkle took her to the doctor but while there, Shaina began convulsing. Her mother rushed to hold her in her arms, where, minutes later, she died. Shaina was 10 years old. "As I held her in my arms, she looked into my eyes as her life ended and I could do nothing to save her....If I had followed my heart instead of the advice of 'professionals' who thought they knew my daughter better than I did, my precious Shaina would be alive now."

STEPHANIE HALL, 1984 - 1996



When Stephanie Hall was in first grade in Ohio, she was a quiet, shy girl, who had a great love of books and school. However, her teacher said that Stephanie had a hard time "staying

on task" and suggested the girl be tested for Attention Deficit Disorder (ADD). A doctor subsequently diagnosed this and prescribed her a stimulant. Over the next five years, she increasingly complained of stomachaches and nausea, and displayed mood swings and bizarre behavior. On January 5, 1996, at age 11, Stephanie died in her sleep from cardiac arrhythmia. The coroner ruled the death to be of natural causes, but her parents disagree, blaming the drug. Mrs. Hall remembers the last



THE SILENT DEATH OF AMERICA'S CHILDREN

words exchanged with her daughter before she went to bed: "I said, 'It's 9 o'clock Steph, get to bed,' and she replied 'OK Mom, I love you.'" The next morning when her dad went to wake her for school, she didn't respond. "We called paramedics and the police," her mother recalls. "Stephanie was so cold. I kept saying to them, 'She is supposed to bury me, not me bury her'....No other family should know the agony of burying their child."

SAMUEL GROSSMAN, 1973 - 1986



Riding bicycles and horses was one of Sammy Grossman's favorite hobbies. He was also fast at jigsaw puzzles and had an uncanny sense of direction.

Sammy was

never wrong with his directions. For the first eight years of his life, he was one of the healthiest members of his family of six, rarely suffering any of the usual childhood illnesses. But then he was put on a stimulant. He became forgetful about dressing himself, was constantly thirsty and lost weight, becoming pathetically thin, recalls his mother, Georgia Grossman. He began experiencing a racing and irregular heart beat and collapsed in the school playground. The doctor told Mrs. Grossman, "Don't worry about this, this is

only the [stimulant]." Shortly afterwards, Sammy collapsed again, falling off his bike along a roadside in Austin, Texas—and died, at age 13. The autopsy revealed an enlarged heart—a consequence of the long-term use of the stimulant—had contributed to the heart attack.

"Giving this drug to a child is like playing Russian Roulette. No one knows which child will get the brain damage and/or those who will die. I played the game and I lost," said Mrs. Grossman. "If the cause of Sammy's death is made public...and it can save other children, then maybe Sammy will not have died in vain."

CECIL REED, 1984 - 2000

"Daddy, I don't want to take medicine anymore. They are just using me as a guinea pig."

On April 7, 2000, 16-year-old Cecil Reed suffered a massive, fatal heart attack while swimming in a pool at the state-run Bronx Children's Psychiatric Center in New York. A cocktail of four prescribed psychiatric drugs triggered the attack. Cecil's father had repeatedly tried to get the hospital to stop drugging his son, but experts said Cecil had schizoaffective disorder and post-traumatic stress disorder. His father, however, believed his son was just a strong-willed kid who, like any youngster, would lash out after being separated from family and friends. The autopsy report noted that Cecil's body contained "potentially toxic" levels of pindolol, a heart medication used to treat high blood pressure, which was also combined with Selective Serotonin Reuptake Inhibitor antidepressants. Pindolol had not been tested in or recommended for children.



CITIZENS COMMISSION ON HUMAN RIGHTS

RECOMMENDATIONS

"Clearly, this business of treating minds—particularly this big business of treating young minds—has not policed itself, and has no incentive to put a stop to the kinds of fraudulent and unethical practices that are going on."

U.S. Representative Patricia Schroeder, Chair, House
Select Committee on Children, Youth and Families, 1992

CCHR recommends that legal safeguards be enacted nationally for parents which:

1. Makes it illegal for parents or guardians to be coerced into placing their child on psychotropic drugs as a requisite for his or her remaining in school;
2. Protects parents or guardians against their child being removed from their custody if they refuse to administer a psychotropic drug to their child;
3. Provides parents the right to "informed consent" in relation to solutions to resolve behavior, attention, and learning difficulties which includes all information about alternatives to behavioral programs and psychotropic drugs, including tutoring, vision testing, phonics, nutritional guidance, medical examinations, allergy testing, standard disciplinary procedures, and other remedies known to be effective and harmless;
4. Ensures the "informed consent" procedure includes informing parents that there is diverse medical opinion about the scientific validity of ADHD and other "learning disorders";
5. Ensures that health insurance coverage for mental health services are not made mandatory so that parents are not forced to place their child in such services;
6. Makes the use of restraint procedures on adolescents and children under the age of 16 illegal;

7. Imposes criminal penalties against anyone in the mental health system that violates such laws and protections.

What is CCHR?

The Citizens Commission on Human Rights (CCHR) was co-founded in 1969 by the Church of Scientology and Professor Emeritus of Psychiatry, Thomas Szasz, to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.

Today, it has more than 130 chapters in 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and orchestrated many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.

For Further Information:

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<http://www.cchr.org>
and

<http://www.fightforkids.com>



CITIZENS COMMISSION ON HUMAN RIGHTS

CHILD SUICIDES

"What did the psychological and psychiatric profession do for this boy? They killed him! When the money trail ran out on this boy, they turned their back on him and wouldn't even return a phone call. They absolutely killed him."

Mr. Fred Ehrlich whose son Daniel hanged himself after being on psychiatric drugs known to cause suicide

According to psychiatrists themselves, "suicide is the major complication" of withdrawal from the stimulant used to treat Attention Deficit Hyperactivity Disorder and similar amphetamine-like drugs. The U.S. Drug Enforcement Administration's 1995 Report on Methylphenidate states, "The high percentage of attempted suicide is consistent with the high frequency of depression associated with stimulant abuse."

Suicidal ideation has also been associated with antidepressant use: Between 1988 and 1992, the Food and Drug Administration (FDA) Drug Adverse Reaction (ADR) reporting system showed 90 children and adolescents who had suffered suicidal or violent self-destructive behavior while on one newer Selective Serotonin Reuptake Inhibitor antidepressant.

MATTHEW MILLER, 1984 - 1997

According to his father, Matt Miller had "a warm sense of humor, a love of friendship and a heart of solid gold that friends who knew him well loved in him." But at age 13, all that changed. Mr. Miller said the family "began a brief, but tragic journey with Matt into a world we didn't understand—the world of professional psychiatry and legalized mind-altering medications. An unfamiliar world with its

own rules. Its own accepted procedures. And its own arrogance."

After moving to a new neighborhood, Matt was trying to make new friends and, while his parents noticed he was a bit sullen, they felt this was not unusual for a teenager. However, his teachers thought that his withdrawn demeanor might have a more deep-seated cause, and recommended that Matt get "professional help." A psychiatrist gave him a free sample of an antidepressant. There was no printed information. His parents were told that he might experience a bellyache or have trouble sleeping. Seven days later, Matt's mother went to collect the laundry from her son's room and found him

hanging inside his closet. "Our son didn't want to die," said Mr. Miller. "I can't believe our son wanted to die. I never will. For a bright, healthy and loved young man, Matt had every reason to live. Yet





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under the power of this debilitating drug, he found a way to die. We know it was not our Matt who took his own life. This was a Matt 'high' on a legalized pill."

RAYMOND PERRONE, 1975 - 1985

Ten-year-old Raymond was "a bright,



intelligent child, who loved life and lived each moment to the fullest," according to his mother, Mrs. Linda Perrone. "It took quite some cleverness to keep up with him, let alone keep ahead of him," she said.

Being intellectual, able to quickly grasp things, then having to wait for the rest of the class to catch up, he felt bored with school. This led to poor performance in class and, in approximately February 1985, Raymond was diagnosed as "hyperactive" and prescribed stimulant drugs. Four months later on June 9, during a house warming party, Mrs. Perrone was sitting at the picnic table with a friend. "My sister-in-law suddenly ran screaming into the back yard for someone to call an ambulance. I stood up in complete shock. She started screaming, 'Ray, Ray has hung himself.' I remember running towards the garage to see what had happened, but everyone was surrounding my son. They wouldn't let me go near him. When I finally saw him laying on the ground, I saw his face all purple, a sight that will remain in my memory forever." Raymond had been two days into withdrawal from the stimulant

prescribed by a psychiatrist. His mother was never warned about the withdrawal effects of the drug.

**DANIEL EHRLICH, 1970 - 1984**

Ten-year-old Daniel Ehrlich from Pennsylvania liked to "monkey around and climb trees," according to his father, Mr. Fred Ehrlich. In 1979, a school nurse diagnosed Daniel as "hyperactive." His father thought his son was just acting like a regular kid, but the consensus of school personnel was that there was a "serious problem" with him. He was placed on a stimulant and a major tranquilizer. When his parents' health insurance ran out, the only "help" they could get from the psychiatrist was a repeat prescription. Four years later, Mr. Ehrlich read that behavioral problems could be caused by sugar and the wrong diet and saw the chance for Daniel to live drug-free and be returned to a normal life. He eliminated sugar from Daniel's diet. Within two weeks Mr. Ehrlich saw a remarkable change, so he stopped getting the drug prescriptions and withdrew Daniel suddenly from the drugs. Two months later, Daniel, who was then 14 years old, hanged himself. Mr. Ehrlich wasn't warned that suicide was a major complication of withdrawal from amphetamine-like drugs.



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DEADLY RESTRAINT

"He was held down. Someone just held him down until he stopped breathing....How could people be so cruel to harm an 11-year-old....You've got to love kids, not kill them."

Mother of 11-year-old Andrew McClain,
killed during physical restraint

In 1998 and 1999, working with legislators and the media, CCHR exposed the grisly truth that up to 150 restraint deaths occur each year in the United States. Thirteen of the deaths over a two-year period were of teenagers and children who had been placed under psychiatric "care."

Horror stories emerged of children dying strapped to beds and chairs, others pinned to floors by hospital staff, crying out that they couldn't breathe. One six-year-old boy died alone, of asphyxiation, while strapped to a wheelchair. Family members were frequently not told the circumstances under which their children died, and incredibly some were told that "natural causes," or "accidents" were the cause of death.

While federal regulations were subsequently passed in 1999, since then at least nine more children and teens have died from suffocation or cardiac arrest during violent restraint procedures. The youngest was nine years old.

On October 14, 2002, 17-year-old Charles Chase Moody suffocated during a restraint procedure at a Mason County, Texas, behavioral treatment facility—the fifth death in this chain of facilities since 1988.

The fact is that in spite of legislative safeguards, child restraint deaths continue today.



Since federal regulations were passed in 1999 to curb abusive restraint procedures, nine more youths have died, the youngest was nine.



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A CONTINUING LITANY OF DEATH

The death of a child is devastating by any measure. But when a child is killed under the guise of "help," by uncaring mental health professionals and an impassive system, it is unspeakably tragic.

The following list is a damning indictment of what amounts to legalized child abuse dressed up as mental health treatment.

Jeffrey Boggett, 9

Died December 1, 1995 while being violently restrained at the New England Center for Autism.

Chris Campbell, 13

Died November 2, 1997 from intense, repeated restraints at the Iowa Juvenile Home.

Edith Campos, 15

Died February 2, 1998 while being restrained for not giving staff her family photo at the Desert Hills Center, Arizona.

Paul Choy, 16

Died February 4, 1992 from suffocation while being restrained at Rite of Passage in Nevada.

Casey Collier, 17

Died December 21, 1993 of asphyxiation after being forcibly restrained at the Cleo Wallace Center in Colorado.

Sabrina E. Day, 15

Died February 10, 2000 after being restrained at the North Carolina Group Home.

Sakena Dorsey, 18

Died June 10, 1997 from suffocation during a face down

restraint, with a staff member laying across her back at Foundations Behavioral Health in Pennsylvania. She had a medical history of asthma and swollen tonsils that hindered her breathing.

Mark Draheim, 14

Died December 1998 of asphyxiation while being forcibly restrained by three staff members at Kids Peace in Pennsylvania.

Kara Fuller-Otter, 12

Died June 7, 2001, killing herself while suffering withdrawal from an antidepressant.

Anthony Green, 15

Died May 12, 1991 while being restrained face down on the floor for 15 minutes at the Brookhaven Youth Ranch in Texas.

Jamar Griffiths, 15

Died October 18, 1994 of heart and lung failure while being restrained at the Allen Residential Center in New York.

Diane Harris, 17

Died April 11, 1990 after being violently restrained at the Seguin Community Living Center in Texas.

Tony Haynes, 14

Died July 1, 2001 after being restrained at America's Buffalo Soldiers in Arizona.

Charlotte Holliman, 14

Died July 31, 1992 from hanging herself while on an antidepressant at Truckee Meadows Hospital, Nevada.

Demetrius Jeffries, 17

Died August 26, 1997 from strangulation while in a restraint hold at the Crockett State School in Texas.

Jimmy Kanda, 6

Died September 20, 1997 from strangulation while in a restraint hold at Crow's Next Family Care Home in California.

William "Eddie" Lee, 15

Died September 18, 2000 after being restrained at Obsidian Trails Wilderness Camp in Oregon.

John McCloskey, 18

Died February 24, 1996 from a ruptured liver and a torn colon and small intestine after being sodomized with a broom-like handle while at Western State Hospital in Virginia.

Shinaul McGraw, 12

Died June 5, 1994 of extremely high body temperature after being wrapped in a bed sheet with gauze over her mouth and being restrained to a bed at New Directions, Second Chance in Washington.

Caitlin McIntosh, 12

Died January 5, 2000 in Texas from hanging herself after being on a cocktail of four psychiatric drugs.

Kristal Mayon-Ceniceros, 16

Died February 5, 1999 of respiratory arrest after being restrained face down on the floor by four staff members at New Alternatives in Chula Vista, California.



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Thomas Mapes, 17

Died July 8, 1994 of asphyxiation after being handcuffed and pushed face down on the floor at the Youth Center at Topeka in Kansas.

Amanda Mead, 18

Died 1991 from two undiagnosed brain tumors. A California school counselor and psychiatrist had wrongly labeled her as "manic-depressive."

Travis Neal, 13

Died November 24, 1997, in Michigan, collapsing from a heart attack after taking a psychiatric stimulant for years.

Candace Newmaker, 10

Died April 2000 after being wrapped in a sheet and pushed by adults for 70 minutes in a Colorado therapy session.

Cameron Pettus, 12

Died August 2, 1993 in Austin, Texas, from toxic levels of an antidepressant.

Dustin E. Phelps, 14

Died March 1, 1998 after being strapped in a blanket and mattress at a Lancaster foster home in Ohio.

Bobby Jo Randolph, 17

Died September 26, 1996 from asphyxia due to compression of the neck after being restrained by two aides at the Progressive Youth Center in Texas.

Kevin Neil Rider, 14

Died June 3, 2000 in Utah from shooting himself during antidepressant withdrawal.

Eric Roberts, 16

Died February 2, 1996 after being wrapped in a plastic and

foam blanket with Velcro for one hour at Odyssey Harbor in Texas.

Robert Rollins, 12

Died April 21, 1997 from asphyxiation while being restrained face down with arms crossed over his chest after a dispute over his missing teddy bear at Devereaux School in Massachusetts.

Joshua Sharpe, 17

Died December 28, 1999 while being restrained at the Wisconsin Treatment Center.

Macauley Showalter, 7

Died September 30, 2000, in Hutchinson, Minnesota, of cardiac arrest while taking a psychiatric stimulant and three other psychiatric drugs.

Earl Smith, 9

Died January 1, 1995 from asphyxiation due to chest compression while being restrained face down by a Children's Village staff member in Michigan.

Mark Soares, 16

Died April 29, 1998 of cardiac arrest from physical restraint when aides at Wayside Union Academy in Massachusetts thought he was "faking" unconsciousness.

Randy Steele, 9

Died February 6, 2000 of a heart attack while being restrained at Laurel Ridge Hospital in San Antonio. He had an enlarged heart and had been on a stimulant and several other psychiatric drugs.

Jason Tallman, 12

Died May 12, 1993 from suffocation while being

restrained facedown on a pillow at Kids Peace in Pennsylvania.

Bobby Sue Thomas, 17

Died August 16, 1996 from acute cardiac arrhythmia while being restrained face down at Northwood Children's Home in Minnesota.

Timothy Thomas, 9

Died March 11, 1999 while being restrained at the Grandfather Home for Children in North Carolina.

Tanner Wilson, 11

Died February 9, 2001 from a heart attack while being physically restrained at the Gerard of Iowa facility.

Michael Wiltsie, 12

Died February 5, 2000 of asphyxiation while being restrained at Eckherd Youth Alternatives in Florida.

Willy Wright, 14

Died March 4, 2000 from suffocation while being restrained by staff at Southwest Mental Health Center in San Antonio, Texas.

Jaimie Young, 13

Died June 5, 1993 while on a hike at Ramsey Canyon Hospital & Treatment Center in Arizona. Autopsy found that death was caused by heat stroke with dehydration triggered by 10 times the lethal levels of an antidepressant in her system.

Kelly Young, 17

Died March 4, 1998 of asphyxiation while being restrained on the floor at Brisbane Child Treatment Center in New Jersey.



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TRISTAN SOVERN, 1982 - 1998



Sixteen-year-old Tristan Sovern of North Carolina died at the Charter Behavioral Health System's hospital in Greensboro, North Carolina during physical

restraint. He was held face-down, with his arms crossed under his body by at least two mental health assistants when he screamed, "You're choking me...I can't breathe." The assistants knew he was having trouble breathing but neither responded. Tristan had been admitted on February 26, 1998, and less than a week later, he died of asphyxiation during restraint, in which staff shoved a large towel over his mouth and then tied a bed sheet around his head.

ANDREW MCCLAIN, 1987 - 1998

On March 22, 1998, Andrew McClain, 11, a patient at Elmcrest Behavior Network, a psychiatric hospital in Portland, Connecticut, died of traumatic asphyxia and chest compression. Two staff restrained Andrew by lying on top of him in a padded "time out" room. "They thought he was trying to get up, but he was trying to get air," his mother, Lucinda McClain, said. "He was held down. Someone just held him down until he stopped breathing....How could people be so cruel to harm an 11-year-old....You've

got to love kids, not kill them." Andrew had been in the custody of the state Department of Children and Families, and had been a patient at Elmcrest psychiatric hospital for just four days when he died.

ROSHELLE CLAYBORNE, 1981 - 1997



On August 18, 1997, 16-year-old Roshelle Clayborne died during restraint at the Laurel Ridge Residential Treatment Center, a psychiatric facility in San Antonio, Texas.

Roshelle was slammed facedown on the floor; her arms were yanked across her chest, her wrists gripped from behind by a mental health aide. "I can't breathe," she gasped. Her last words were ignored. A syringe delivered 50 milligrams of Thorazine into her body and with eight staffers watching, Roshelle became suddenly still. Blood trickled from the corner of her mouth as she lost control of her bodily functions. Her limp body was rolled into a blanket and dumped in an 8-by 10-foot room used to seclude dangerous patients. After she was restrained, she lay in her own waste and vomit for five minutes before anyone noticed she hadn't moved. Three staff tried in vain to find a pulse. Two went looking for a ventilation mask and oxygen bag, emergency equipment they never found. By the time a registered nurse arrived and began CPR, it was too late. Roshelle never revived.



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SUMMARY

"Any child, particularly a boy, in America could be considered to have ADD. The children are normal; they are just not performing."

Mrs. Sue Parry, from Honolulu, whose son stopped taking an ADHD stimulant after developing heart problems

Parents and children's rights are compromised when it comes to psychiatric diagnoses, labels and treatments. The idea of full "informed consent," as it applies to mental health, simply doesn't exist.

Unsuspecting parents typically rely on the professionals, trusting them for an accurate medical diagnosis, unaware that there are no medical diagnoses in psychiatry—only subjective criteria. There are no blood tests, brain scans or any scientific means by which to diagnose a mental disorder.

In 1999, the former U.S. Surgeon General, David Satcher, admitted, "...the diagnosis of mental disorders is often believed to be more difficult than diagnosis of general medical disorders since *there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness.*" [Emphasis added]

Today, it is estimated that between six and eight million American children take psychiatric drugs for ADHD and other so-called learning and behavioral disorders. Some 1.5 million children and teenagers are now prescribed antidepressants. The potential side effects of these newer antidepressants include anxiety, agitation, insomnia, bizarre dreams, suicidal thoughts, hostility and violent behavior.

Frequently, children who are started on mind-altering drugs end up incarcerated in

psychiatric institutions, warehoused and brutally abused to the point of permanent damage.

Parents are being coerced and threatened with charges of medical or educational neglect if they reject a questionable psychiatric diagnosis and refuse to put their child on mind-altering drugs. Children have been wrenched from their family's care simply because their parents favored an alternative, drug-free approach to addressing educational and behavioral problems.

The bottom line is that rather than an enlightened and compassionate mental health system attending to the needs of our young, we have a dangerous and coercive system that stands impassive, not only in the face of repeated failures, but, unbelievably, of child deaths due to treatment.

The last thing our nation needs, the last thing our children should be exposed to, is more risk, yet psychiatrists, their associations and affiliated "patient" advocacy groups today lobby for even earlier identification of children with "mental disorders" and for their treatment with newer "medications."

It is the duty and right of parents to protect their children from further harm. It is the duty of the government to support them in this.



THE SILENT DEATH OF AMERICA'S CHILDREN

"No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment."

**Article 5, United Nations
Declaration of Human Rights**

**Workable Treatments
Psychiatrists Don't Promote**

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry on the other hand, would prefer to say there are none and fight to keep it that way.

Studies show the frequency with which physical illnesses are misdiagnosed as "mental illness"—in one study, 83% of people referred by clinics and social workers for psychiatric treatment had undiagnosed physical illnesses; 42% of those diagnosed with "psychoses" were later found to be suffering from a medical illness; 48% of those diagnosed by psychiatrists for mental treatment had an undiagnosed physical condition.

Dr. Mary Ann Block, author of *No More ADHD*, does allergy testing and develops dietary solutions to "behavioral" problems. She cites a *Journal of Pediatrics* (1995) study showing that sucrose may cause a 10-times increase in adrenaline in children resulting in "difficulty concentrating, irritability, and anxiety."

Professor Stephen J. Schoenthaler, Ph.D., a California State University criminologist, conducted a study at 12 juvenile correctional institutions and 803 public schools, in which the researchers increased fruits and vegetables and whole grains and decreased fats and sugars in children's diets. The juvenile institutions exhibited 47% less "antisocial behavior" in 8,076 confined juvenile delinquents. In the schools, the academic performance of 1.1

million children rose 16% and learning disabilities fell 40%.

Prescribing psychotropic drugs for a disease that doesn't exist, psychiatrist Dr. Sydney Walker noted, is a tragedy because "masking children's symptoms merely allows their underlying disorders to continue and, in many cases, to become worse."

What Parents Can Do

Log onto CCHR's website,
<http://www.fightforkids.com> for more information.

Educate themselves. Ensure that they are getting all—not carefully selected—information in order to make an informed choice about their child's educational and medical needs.

Get a thorough medical examination for a child from a non-psychiatric physician. A child could have allergies, lead toxicity, eyesight or hearing problems, be simply in need of tutoring, or something even more basic than that—phonics. The list of possible causes is very long and well documented.

Speak out—be your child's voice. Start or join a parents' group that can speak out about the wrongful labeling and drugging of our children and provide support for each other.

If a child has been targeted or abused in the mental health system, report this to CCHR by calling 1-800-869-2247, or fill out the abuse case form on
<http://www.fightforkids.com>

Parents Fight Back

Stories from parents who fought back and won.

THE MISDIAGNOSING OF MICHAEL

- School psychologists and psychiatrists coerced New York mother, Patricia Weathers, into drugging her 10-year-old son, Michael, after he was diagnosed with "ADHD." Within six months, he was withdrawn, stopped socializing with children, started chewing pencils, lost his appetite and couldn't sleep properly. He ran away from home. Recognizing that Michael's bizarre behavior began with the prescribed drugs, Mrs. Weathers withdrew him slowly off the drugs. Medical tests determined he had untreated allergies and anemia. Michael is now drug-free, is receiving tutoring and is doing well at his schoolwork.

"I want to thank my son Michael for surviving his ordeal. I want to let him know that I love him dearly and believe in him and in his capabilities. I believe deeply that everything happens for a reason and that out of this ordeal, he and I both have become a stronger unit," Mrs. Weathers said. "I would like to thank CCHR. Without your continued support I would not have been able to get my story out in the open."

THE UNDERLYING PROBLEM

- A young Californian mother had to fight to get her pre-school son a referral to an ear, nose and throat specialist when she suspected he had a hearing problem. The school nurse referred him instead to a psychologist, who labeled him as having "ADD" and needing a stimulant. The mother fought for four months to get the referral she wanted; eventually the specialist discovered the boy had a chronic case of fluid buildup and 35-decibel hearing loss as a result. Within a month the boy was in the hospital: a 15 minute surgery prevented what could have been a

"I'M SMART ON MY OWN, MOM"

- Another mother was called into the school principal's office where a psychologist explained that her son's brain had an inability to send signals correctly, which was why he couldn't concentrate for long periods of time. Tim was put on a psychiatric stimulant. He began to lose his appetite, have headaches, tire easily and it seemed impossible for him to sleep at night. Tim pleaded that he didn't want to depend on a pill to make him concentrate and said, "I'm smart on my own, Mom." On the advice of a friend, the mother took her son to a doctor who uses alternative medicine. He took Tim off the drugs, and began giving him nutrients and vitamins. He found him allergic to certain foods. With this corrected, Tim began to eat again and could fall asleep naturally.
- It was also discovered that since starting school, Tim had been taught using the "Whole Word" method and, as such, didn't understand what he had been reading in class. His mother purchased a "phonics game" for him. She taught him grammar. Within a few months, his reading level increased from second to sixth grade level.⁷⁹



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Breaking News

[government and drugs](#)

[Government Thinks Drugs are the Answer](#)

[sad little kids US spends \\$9 billion on child mental illness](#)

[Gabriel Myers Broward child's suicide raises questions about medication](#)

Connecticut mother Sheila Matthews protested the ADHD diagnosis of her first grade son

NEW ZEALAND MOM

- A New Zealand mother read CCHR's booklet, *Psychiatry: Betraying and Drugging Children*. She said, "I read this publication accidentally over two years ago; it had a major effect on our lives. At the time my son had been diagnosed as having ADHD and was on the drug, Ritalin, during the day and a night medication to help him sleep... After reading your publication I was horrified; what was I doing to my son? I then rang my son's specialist to find out what he thought. He was patronizing, derogatory and arrogant. Our conversation ended unpleasantly. I removed my son from all medications, we flushed everything down the toilet, and we have been trying alternative methods...my son is [now] receiving principal awards for increased work out-put and attitude...I would be more than happy for you to share this positive result (drug free) with other parents who may be unsure... Thank you so much for your life-changing publication..."

Fred Erlich, with photo of his son, told a hearing panel that his son committed suicide after psychiatric treatment

[\(Click for more news\)](#) **"THANK YOU!"**


Videos

- An American mother said that she and her 14-year-old son had "gone through hell for years" because he had been diagnosed as having ADD and "bipolar" (ups and downs) disorder. The boy became suddenly violent after several days of being on

Candace PSA

a psychiatric drug and when the mother complained that she thought it was drug related, she was told this couldn't happen and the boy, himself, had made a decision to go off on a temper tantrum. "I am thoroughly disgusted with everything we have been through and the Chief of Police brought me your literature yesterday and I was amazed to find out so much information. THANK YOU!!!! From the bottom of our hearts. We are now going to try a different approach to see if we don't have an allergy or vitamin deficiency. Again, thank you."

Free Reports

 Free report: The Silent Death of America's Children



ALLERGIES & SCHOOL FAILURE

- At 15, Betsy was depressed and suicidal each year in the late summer when ragweed pollen was in the air in northern Michigan. During her first visit to Dr. Doris Rapp's clinic she appeared normal until she was tested for an allergy to ragweed. Then she crawled into the office bathtub and refused to come out. She screamed, was untouchable, and complained of so much abdominal pain that she pulled her knees to her chest and held her stomach. After she was given a neutralizing allergy treatment, she felt entirely normal within a few minutes. Betsy was a persistent school failure until her allergies were recognized and treated, and her academic work and demeanor in school improved dramatically.

SUGAR JUNKIE

- Karl was a darling 3-year-old youngster with a charming personality—until he ate sugar. His mother noticed that when Karl ate party food or candy, his total personality quickly and dramatically changed. He was videotaped as he gleefully devoured eight cubes of sugar. Just as the mother had predicted, within less than an hour he switched from Dr. Jekyll to a Mr. Hyde. At first he stopped playing quietly and began to whine. Then he became more irritable, stomped his feet, wiggled in his chair, tossed his toys over his head, and threw pieces of a puzzle at his mother. When he was given the correct allergy treatment, within a few minutes he was transformed back into his adorable self. His mother was in tears. She realized she was not a bad mother and he was not a bad kid.⁸⁰



*Parents are now refusing to be intimidated by
psychiatric coercion to drug their children*

DIABETES & BEHAVIOR

- Dana was diagnosed as having hyperactivity and oppositional defiant disorder because of bad moods, tantrums and aggressive behavior. She was always in the principal's office, usually for starting fights. However, she was also thin, pale, fragile-looking, not sleeping, wetting the bed and losing her appetite. Something was making her feel miserable. That something turned out to be the beginning phases of diabetes. An endocrinologist taught her family how to control Dana's diet and manage her disease; she never needed a psychiatrist.⁸¹

COLOR BLIND NOT "DISORDERED"

- Warren was diagnosed as hyperactive. He was impulsive, restless and inattentive. He also had breathing problems, episodes of partial hearing loss during ear infections and a heart murmur. Originally at school, he had good report cards and was never in trouble with the teachers. Then he started getting into squabbles and scrapes with kids who used to be his good friends. He was prescribed a psychotropic drug for his "hyperactivity." A proper medical evaluation discovered Warren was color-blind, his EEG showed abnormal but non specific brain wave patterns and a carbon monoxide assay revealed a blood saturation of this deadly gas at the dangerous 20% level. Carbon monoxide was displacing the oxygen in Warren's bloodstream, drastically reducing the supply of oxygen to his brain. His fidgeting, falling academic performance and purposeless hyper behavior were all symptoms of low-level carbon monoxide poisoning. Warren's parents immediately called the gas company and had their heating system overhauled. Within 3 weeks, his carbon monoxide level had dropped to 3%. Within 6 months, his EEG was normal and his color-blindness was resolved. He improved at school.⁸²

These are valuable examples for at least two reasons.

To begin, they inspire and validate the concept that the parent *can* know best and *can rightfully* take control of the situation, ideas all too easily lost, in what is most often a David and Goliath struggle for parents and families.

Secondly, they help strip away the lies and restore hope, with the simple idea that there are inexpensive, non-invasive and productive alternatives to the expensive, enforced and unworkable labeling, drugging and other "solutions" of psychiatry.

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fightforkids@fightforkids.org

for deaf persons (TDD's), videotext displays, qualified readers, taped texts, audio recordings, braille materials, large print materials, and modifications to existing devices.⁶⁹□

Answer: An aggrieved person may raise a Title II or Section 504 claim in child welfare proceedings. Additionally, subject to certain limitations, an aggrieved person may pursue a complaint regarding discrimination in child welfare services, programs, or activities under Title II or Section 504 in federal court.⁹²

Aggrieved individuals may also file complaints with HHS and DOJ. HHS and DOJ also have authority to initiate compliance review investigations of child welfare agencies and courts with or without receiving a complaint. If an investigation of a complaint or a compliance review reveals a violation, HHS or DOJ may issue letters of findings and initiate resolution efforts.⁹³ DOJ may initiate litigation when it finds that a child welfare agency or court is not in compliance with Title II. HHS may also refer cases to DOJ for litigation where a violation is found and is not voluntarily resolved.⁹⁴

Title II and Section 504 allow for declaratory and injunctive relief, such as an order from a court

finding a violation and requiring the provision of reasonable modifications. Title II and Section 504 also allow for compensatory damages for aggrieved individuals. Individuals who prevail as parties in litigation may also obtain reasonable attorney's fees, costs, and litigation expenses.⁹⁵

Protection from Discrimination in Child Welfare Activities

The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to care for their children successfully.

While the primary responsibility for child welfare services rests with the states, the Administration for Children and Families (ACF) supports the delivery of child welfare services through funding of programs and legislative initiatives.

The Office for Civil Rights (OCR) is responsible for enforcing civil rights laws that apply to state, local and federally funded child welfare agencies and some courts. These laws prohibit discrimination on the basis of race, color, national origin, disability, sex, or age in the delivery of child welfare services:

Title VI of the Civil Rights Act of 1964

Title VI prohibits federally-funded state and local child welfare agencies and courts from discriminating against individuals on the basis of race, color, or national origin in the provision of benefits and services. This includes taking reasonable steps to provide meaningful access to people with limited english proficiency (LEP).

Title II of the Americans with Disabilities Act of 1990

Title II and Section 504 of the Rehabilitation Act of 1973 Section 504 prohibit state, local, and federally funded child welfare agencies and courts from discriminating against qualified individuals on the basis of disability in the provision of child welfare services.

Title IX of the Education Amendments of 1972

Title IX prohibits federally funded state and local child welfare agencies from discriminating on the basis of sex (gender) in federally assisted education programs.

The Age Discrimination Act of 1975

This act prohibits state and local federally funded child welfare agencies and courts from discriminating against individuals on the basis of age.

Section 504 may also be enforced through private lawsuits. It is not necessary to file a complaint with a Federal agency or to receive a "right-to-sue" letter before going to court.^[1]

agency's Equal Employment Opportunity Office.^[1]

Section 503[edit]

Section 503 requires affirmative action and prohibits employment discrimination by Federal government contractors and subcontractors with contracts of more than \$10,000. ^[1]

Section 504[edit]

Main article: Section 504 of the Rehabilitation Act

Section 504 of the Rehabilitation Act created and extended civil rights to people with disabilities.

Section 504 has provided opportunities for children and adults with disabilities in education, employment and various other settings. It allows for reasonable accommodations such as special study area and assistance as necessary for each student. ^[1]

Each Federal agency has its own set of section 504 regulations that apply to its own programs. Agencies that provide Federal financial assistance also have section 504 regulations covering entities that receive Federal aid. Requirements common to these regulations include reasonable accommodation for employees with disabilities; program accessibility; effective communication with people who have hearing or vision disabilities; and accessible new construction and alterations. Each agency is responsible for enforcing its own regulations. Section 504 may also be enforced through private lawsuits. It is not necessary to file a complaint with a Federal agency or to receive a "right-to-sue" letter before going to court.^[1]

Section 505[edit]

Section 505 contains provisions governing remedies and attorney's fees under Section 501.^[2]

Section 508[edit]

Main article: Section 508 of the Rehabilitation Act

Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government. Section 508 requires Federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public.^[1]

An accessible information technology system is one that can be operated in a variety of ways and does not rely on a single sense or ability of the user. For example, a system that provides output only in visual format may not be accessible to people with visual impairments, and a system that provides output only in audio format may not be accessible to people who are deaf or hard of hearing. Some individuals with disabilities may need accessibility-related software or peripheral devices in order to use systems that comply with Section 508.^[1]

List of court cases

with disabilities, parents with intellectual disabilities and parents with psychiatric disabilities face the most discrimination based on stereotypes, lack of individualized assessments, and failure to provide needed services.⁷ Parents who are blind or deaf also report significant discrimination in the custody process, as do parents with other physical disabilities.⁸ Individuals with disabilities seeking to become foster or adoptive parents also encounter bias and unnecessary barriers to foster care and adoption placements based on speculation and stereotypes about their parenting abilities.⁹

Discriminatory separation of parents from their children can result in long-term negative consequences to both parents and their children. In addition to the OCR and DOJ case where a mother and daughter were deprived of the opportunity for maternal/child bonding for two years, the National Council on Disability report is replete with case studies with similar consequences. For example, a child welfare agency removed a newborn for 57 days from a couple because of assumptions and stereotypes about their blindness, undermining precious moments for the baby and parents that can never be replaced.¹⁰ Similarly, after a child

prospective parents with disabilities in the child welfare system.

For example, in a recent joint investigation by OCR and DOJ of practices of a State child welfare agency, OCR and DOJ determined that the State agency engaged in discrimination against a parent with a disability.⁵ The investigation arose from a complaint that a mother with a developmental disability was subject to discrimination on the basis of her disability because the State did not provide her with supports and services following the removal of her two-day-old infant. The supports and services provided and made available to nondisabled parents were not provided to this parent, and she was denied reasonable modifications to accommodate her disability. As a result, this family was separated for more than two years.

These issues are long-standing and widespread. According to a comprehensive 2012 report from the National Council on Disability (NCD), parents with disabilities are overly, and often inappropriately, referred to child welfare services, and once involved, are permanently separated at disproportionately high rates.⁶ In a review of research studies and other data, NCD concluded that among parents

private entity's contractual obligations with the child welfare agency. For example, if the private foster care or adoption agency imposed discriminatory eligibility requirements for foster or adoptive parents that screened out prospective parents with HIV, the state child welfare agency would most likely be responsible for the contractor's practice of discriminating on the basis of disability.

Two principles that are fundamental to Title II of the ADA and Section 504 are:

(1) individualized treatment; and (2) full and equal opportunity. Both of these principles are of particular importance to the administration of child welfare programs.

Individualized treatment. Individuals with disabilities must be treated on a case-by-case basis consistent with facts and objective evidence.²⁰ Persons with disabilities may not be treated on the basis of generalizations or stereotypes.²¹ For example, prohibited treatment would include the removal of a child from a parent with a disability based on the stereotypical belief, unsupported by an individual assessment, that people with disabilities are unable to safely parent their children. Another example would be denying a person with a disability the opportunity to become a foster or

and reproductive functions.⁴² Congress has made clear that the definition of disability in the ADA and Section 504 is to be interpreted broadly.⁴³ Even if an individual's substantially limiting impairment can be mitigated through the use of medication; medical supplies, equipment, and devices; learned behavioral or adaptive neurological modifications; assistive technology (e.g. a person with a hearing disability who uses hearing aids that substantially restores the sense of hearing); or reasonable modifications to policies, practices, or procedures, the individual is still protected by the ADA and Section 504.⁴⁴ The ADA and Section 504 also apply to people who have a record of having a substantial impairment (e.g., medical, military, or employment records denoting such an impairment), or are regarded as having such an impairment, regardless of actually having an impairment.⁴⁵ An "individual with a disability" under the ADA and Section 504 does not include an individual who is currently engaged in the illegal use of drugs, when the state or local government program or program receiving Federal financial assistance acts on the

programs must provide reasonable modifications in policies, practices, and procedures when necessary to avoid discrimination;³⁸ and must take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others through the provision of auxiliary aids and services.³⁹ **Who is protected by**

disability nondiscrimination laws?

Who is considered a person with a disability under Title II of the ADA and Section 504?

Answer: The ADA and Section 504 protect the rights of individuals with disabilities.⁴⁰ A “disability” is defined as a physical or mental impairment that substantially limits a major life activity, such as caring for oneself, performing manual tasks, breathing, standing, lifting, bending, speaking, walking, reading, thinking, learning, concentrating, seeing, hearing, eating, sleeping, or working.⁴¹ Major life activities also include the operation of major bodily functions, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, or bladder, neurological, brain, and respiratory, circulatory, endocrine,



LUCY HOUSE

CONFLICTS OF INTEREST

Electroshock

THE DSM

Mental Health Screening

Psychiatric Drugs

Psycho/Pharma Front Groups

Shrinks for Sale

Drugging Our Troops

Parents: Get the Facts—Know Your Rights



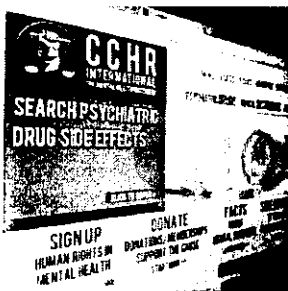
In the U.S. alone, 8.4 million children are currently being prescribed psychiatric drugs—more than 1 million are under the age of five. Click image for complete breakdown

**"We do not have an independent, valid test for ADHD, and there is no data to indicate that ADHD is due to a brain malfunction."—
National Institute of Health (NIH) Consensus Statement**

About ADHD & Child Mental Disorders:

There's no doubt that many parents need help. Whether it is the school complaining about their child's behavior, or the parent observing emotional or educational problems. The problem is parents are being told their child has a "mental disorder" and needs "medication" but are not being given all the facts about these psychiatric labels (mental disorders) or the drugs being prescribed to 'treat' their children. In the U.S. alone, 8.4 million children are currently being prescribed psychiatric drugs—more than 1 million are under the age of five (source: IMS health.)

These are the actual figures taken from *IMS Health Vector One National database*, the most credited source of pharmaceutical prescribing information available in the United States. To see the breakdown of what drugs these children were prescribed click [here](#).



Number of Children on psychiatric drugs in the United States

0-1 Years	274,804
2-3 Years	370,778
4-5 Years	500,948
6-12 Years	4,130,340
13-17 Years	3,617,593

The psychiatric drugs prescribed to millions of children carry more than 286 drug regulatory agency warnings. Click image for the documented drug warnings, studies and FDA's Medwatch reports.

The American Psychiatric Association, the American Medical Association and the National Institute of Mental Health all admit that there are no medical tests to confirm mental disorders as "disease," but do nothing to counter the false idea that these are biological/medical conditions when in fact, diagnosis is simply done by a checklist of behaviors.

This is not to say that children cannot experience emotional or behavioral difficulties (scroll down to the page to see alternative non-drug solutions), but these diagnosis of mental disorder are not the same as diagnosis of verifiable diseases or medical conditions.

There are no genetic tests, brain scans, X-Ray or any scientifically proven test to verify



DETROIT MOTHER
MARYANNE GODBOLD

Liberty House

THE DSM

Psycho/Pharma Front Groups

CONFLICTS OF INTEREST

Mental Health Screening

Shrinks for Sale

Electroshock

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Drugging Our Troops

What Modern Day Heroes Look Like— Detroit Mother Maryanne Godboldo & Attorney Allison Folmar

It has been said that "heroes are ordinary people who make themselves extraordinary."
Maryanne Godboldo and Allison Folmar are extraordinary women.

By Kelly Patricia O'Meara
April 23, 2013

Mother Faces Down S...

**It has been said that "heroes are ordinary
people who make themselves extraordinary."**

Maryanne Godboldo and Allison Folmar are extraordinary women. Their names may not elicit immediate recognition by the masses but it is because of their belief in the right of parents—not the state—to decide whether to medicate a child, that their struggle will protect thousands of children who otherwise would have become victims of deeply flawed State Child Protective Services policies.

Watch video: Maryanne Godboldo's story

Attorney Allison Folmar (left) and Detroit mother Maryanne Godboldo (right)

It's been two years since Detroit mother, Maryanne Godboldo, withstood an armed assault by a SWAT team and a tank, assault weapons and helicopter, accouterments worthy of a Die Hard film, determined to kidnap, by force, her then 13-year old daughter, Ariana. The alleged crime? Godboldo refused to give Ariana harmful psychiatric drugs.

The 55-year old Godboldo, after an hours-long standoff, gave herself up to police, was taken into custody and charged with multiple felony counts. Worse, though, was that 13-year old Ariana was taken into state custody while Godboldo's case worked its way through the court system.



Godboldo's attorney, Allison Folmar, firmly believed in Godboldo's parental rights and never wavered in her support. Much to her credit, Folmar has represented Godboldo pro-bono throughout the judicial proceedings and was pleased when, in August of 2011, all charges were dropped against Godboldo.

But that was just the first hurdle. It wasn't until five weeks later that Ariana was returned to Godboldo, and then only after three Michigan courts had determined that Godboldo's refusal to drug her child was completely legal.

In fact, from beginning to end of the Godboldo saga, no part of the assault had been legal.

Child Protective Services did not have a legal court order nor warrant to forcibly remove Ariana from her home. Rather, a "writ" was issued to CPS with literally a rubber stamp, with no judge actually reviewing the request.

To make matters worse, in initially agreeing to treat Ariana with the state-recommended Risperidone—an extremely dangerous antipsychotic—Godboldo signed an informed consent document guaranteeing her the right to stop the medication at any time. Despite these assurances and the law behind Godboldo, Child Protective Services moved forward with the assault—a State policy that apparently has been terminated.



Local Detroit residents protested the unlawful seizure of Maryanne Godboldo's daughter, with signs saying 'Free Arianna.'

Today the Michigan Department of Human Services reports on its website that the reason for Ariana's removal no longer exists. "Medication – CPS is not responsible for investigating complaints that allege parents are failing or refusing to provide their children with psychotropic medication such as Ritalin."

"The Michigan DHS website is interesting," says Folmar, "because this is what Maryanne's case is all about. The CPS policy at the time of the assault was different. I can't help but think that the change is a direct result of this litigation."

It's anyone's guess why Michigan DHS has decided to change its CPS investigation policy, but there is enough startling information about the drugging of children within state programs that one can be sure it is none too soon.

For example, according to a 2012 Government Accountability Office (GAO) report reviewing psychotropic drug prescriptions covered by Medicaid in 2008 for Florida, Maryland, Massachusetts, Michigan, Oregon and Texas, "foster children in each of the five states (Maryland's data was unreliable) were prescribed psychotropic drugs at higher rates than were non-foster children."

The GAO report further revealed that "foster children in the five states were prescribed psychotropic drugs at rates 2.7 to 4.5 times higher than were non-foster children in Medicaid in 2008 (most recent data) and the rates were higher in each of the age ranges reviewed."

Additionally, according to the GAO report, children in foster care across the five states were prescribed five or more psychotropic drugs at higher rates than non-foster care children, exceeded the maximum doses at higher rates than non-foster care children and were given to infants (under 1 year old) at higher rates than non-foster care children.

Given the above data, is it any wonder that Godboldo stood up for her daughter? Unfortunately, though, despite having all charges dismissed against her, the Wayne County prosecutor still is looking to take Godboldo to trial.

"They are continuing to try and put Maryanne in prison," says Folmar, "for standing up and refusing to let police into her home. We won at the district level and the judge saw the case for what it is... the illegal conduct of police. They had no probable cause and no valid order to enter Maryanne's home."

"We need help putting the word out," says Folmar, "that this case affects everyone. Forcing medication down parents' throats and literally the throats of children cannot be tolerated. This is about parents' rights to be able to protect their children."



Photo taken from TV footage of the actual tank sent to the home of Maryanne Godboldo

"I think," says Folmar, "that the continued interest in Maryanne is about them sending a message. They are scrambling for some justification of their wrong-doing."

"In the end," says Folmar, "it is a basic human right for parents to choose if they want to medicate their children. When the state steps in and says 'hey, mom and dad, we

"What's better for your child, that's wrong. There are too many of these cases where the state believes it knows more than the parents. It isn't good for the kids, it isn't good for the parents and it is ripping families apart."

"I'm happy," says Folmar, "to represent someone like Maryanne. She stood up and said 'no, I refuse to harm my child.'" With respect to CPS and its heavy hand with medication, "It boggles the mind," says Folmar, "that they are putting kids on medication that they don't need and is harmful. Maryanne did the right thing to protect her child." "How could anyone *not* support that," asks Folmar. "Whatever it takes," says Folmar, "we'll see this through."

Kelly Patricia O'Meara is an award winning investigative reporter for the Washington Times, Insight Magazine, penning dozens of articles exposing the fraud of psychiatric diagnosis and the dangers of the psychiatric drugs – including her ground-breaking 1999 cover story, Guns & Doses, exposing the link between psychiatric drugs and acts of senseless violence. She is also the author of the highly acclaimed book, Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills that Kill. Prior to working as an investigative journalist, O'Meara spent sixteen years on Capitol Hill as a congressional staffer to four Members of Congress. She holds a B.S. in Political Science from the University of Maryland.

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COMING DOWN FROM SEROQUEL

TUESDAY, MARCH 17, 2009

Seroquel and Cold Turkey

At age 31, I was diagnosed with Bipolar Disorder and ADD. I've been on Seroquel 300 XR for 8 months. I'm 50 pounds over weight, I have anxiety, I'm drowsy all the time, My blood pressure has been so high that my nose is bleeding constantly, my doctor refuses to let me stop, she won't listen to me. I even asked for a lower dose and she said no. So I've decided to stop on my own, because I don't want this medicine to eventually kill me. I just stopped cold turkey.



Below is my journal which I will update everyday to share with you my encounters as I go (Cold Turkey) after taking Seroquel for just 8 months. Maybe you've just been prescribe Seroquel, or considering it. Please follow up on my encounters before you start Seroquel or before you're already addicted.

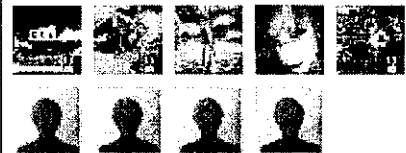
Day 1 March 14th

I didn't take any Seroquel last night, I tossed and turned a little, but I feel great today. I woke right up, no grogginess, no dosing off during the day. I feel great.

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BLOG ARCHIVE

▼ 2009 (1)

▼ March (1)

Seroquel and Cold Turkey

ABOUT ME

BELLA

[VIEW MY COMPLETE PROFILE](#)

Night 1

It's 2 am, I've tossed and turned all night, I'm in a puddle of sweat, I can't stop drinking water, and I can't stop peeing. I can't stay in the bed without running to pee or get water. I'm feeling flutters in my heart, man I don't feel right at all.

Day 2 March 15th

I'm wide awake, I'm achy, I'm moody, and I feel like I'm coming down with a cold. I'm very jittery. I'm not hungry, I haven't eaten all day. I'm misplacing things, and I'm extremely clumsy because my head is dizzy.

Night 2

I feel like I'm coming down from Heroin, I've kicked my sheets off the bed, I'm sweaty; my body is burning up, I can't stop drinking water, I can't stop peeing, I'm pacing, I am jittery, I'm twitching and jerking, I have not slept at all, I'm tempted to take some Seroquel I can't take this anymore. I'm getting scared.

Day 2 March 16th

It's Monday and I look like Crap, I'm nauseated, jittery, I'm over excited and rushed, and I can't think straight. My body keeps sweating for no reason, I've never had sweat spots under the arm pits of my shirts. I need to go home and take another bath, I feel I'm sweaty from the gym. I don't feel clean at all today. I keep feeling like I have to throw up, my head hurts like hell and I am so dizzy. I keep drinking water because I am cotton mouth.

Night 2

I can't eat dinner, I'm jittery, my body keeps twitching, I'm sweaty, I'm having crazy dreams in and out of my sleep, I'm hot I'm cold, I need to throw up. I'm clammy and cotton mouth. I fell into this quick coma like deep sleep, and it was so realistic as if I was suddenly drowning in this black thick tar like fluid, and it was clogging my nose and throat. I couldn't breath, and my chest started caving in, my chest was in excruciating pain. I tried my damnest to open my eyes and wake up, because I honestly felt like I was going to die in my sleep, no I was dying, I was coherently saying in my head "I should not have gone cold turkey this way, I am about to die When I opened my eyes, it took a few seconds to breath and I started crying. I was afraid to go back to sleep so I sat up until morning.

Day 3 March 17th

I'm late for work, I can't hold anything down I'm throwing up and I have diarrhea there's nothing left in my body. I have a migraine from

hell, and I just want to go home. I feel really bad and I'm afraid, I feel like I'm going to have a heart attack. I'm jittery and feel really really bad. I think I need to go to the hospital.

Night 3

I stayed up till 2am, I was meditating to Zen music with a slide show of peaceful pictures on youtube. I did a lot of slow breathing and I took two 25mg Sominex Tablets. The Pharmacist at CVS told me that would be fine to do. I drank a lot of water, and kept peeing till I got well relaxed and did some slow in and out breaths until I drifted off.

Day 4 March 18

I woke up at 7:30am, got to work on time. I thought my withdrawal symptoms have subsided. I thought to myself "is it finally over? Oh hell, my head feels like it's filled with water. I'm getting some spasm from the back of my neck to the top of my head down to the middle of my forehead. It's this feeling like I need my neck snapped by a Chiropractor. I took some Ibuprofen, it did nothing. I'm nauseated again, and my digestive muscles keep contracting like I need to use the bathroom, but nothings there. I'm disorganized, I'm working really slow today. I've been day dreaming on and off. My co-worker was telling me about her late night randevú and I just totally zoned out. I brought myself back and just played it off by laughing when she was done, as if I understood was she was saying, but honestly I didn't hear a damn thing, I just saw her mouth moving. I feel so crappy, I wish I can just go home and get in the bed. My kid has a concert tonight at School, I pray that my stomach doesn't make those crazy noises, my headache will go away, and the twitching can just hold off until it's over.

Night 4

I made it through the show, though I was dozing in and out, I am exhausted. All I want to do is hide from the world and just sleep for a few days. My head hurts so bad, I took 2 Tylenol PM's, I fell asleep at 12am, slept like a baby until 4am, I woke up and had to run as fast as I could to the bathroom, I felt like I was about to explode from both ends. I slept in my bathroom floor. God, I can't wait till this is over.

March 19 Day 5

Oh, this is cold turkey is about to be at my worst. I got my period. I am so exhausted, I feel faint, I am dragging, I don't want to do anything but sleep. I need sleep. My head hurts so bad, my body feels like I have the flu. I feel like I should go to the hospital, I feel like I am about to drop dead at any time. Everything today is going on in slow motion.

Day 5 Night I was so exhausted from my disturbing nights these last few days, my eyes felt like they had weights on them at 11:30 pm my face hit the pillow and I went into a deep sleep and suddenly felt a hard flutter in my chest near my heart, my body immediately jolted, I sat up in a panic holding on to my chest. I thought not another night Please God let me be OK tonight. I got up and drank a cup of cold water and sat up for about an hour just trying to read, waiting for what's next. I got sleep again and I drifted off at about 1:30 am, slept till 7:30 am. It wasn't much sleep, but my body needed that so bad. I can't wait to go home and get back into the bed, I'm still dragging, I'm having a hard time keeping my eyes open.

March 20th Day 6

I had the chills this morning, my body was achy like I had the flu. Food smells drove me nuts, it kind of reminds me of pregnant morning sickness. I had an on and off massive headache and I was exhausted, my body feels so drained. I found something today in CVS that has helped me through the rest of the day with my Nausea, it's called **Emitrol** it's a syrup that is made especially for the problems I was having with different smells making me sick, that watery mouth sensation like I'm going to throw up, it really subsided those symptoms today.

Night 6

I felt much better the Emitrol really helped me, I was able to eat something without getting sick from the smell. I took 2 Sominex at 9pm, watched a meditation slide show of peaceful places with relaxing sounds of Zen. I was off to sleep at 10:30pm and slept straight through the night.

March 21 Day 7

I woke up at 7am with a headache, I eat a slice of bread and took 2 motrins and passed out till 10am. I felt fine but felt sick from the smell of breakfast, I took some Emitrol, felt much better. My pressure went up around 4pm, my Doctor prescribed Lisinopril for my pressure, so I took that and felt good. Today was not a bad day, I can tell I'm getting close to beating this cold turkey. My skin looks better, no zoning out, no more slurring, I'm starting to remember things again. I'm feeling much better.

March 27 Day

Hi everyone, I guess you are wondering where I've been. I've been in the Hospital, yes Hospital. Just when I thought the sun was finally

coming out and my battle with Seroquel was over I went from Bad, to OK, to Worst. On the 22nd and 23rd, I was terribly ill, I couldn't hold anything down, I hadn't eaten in days, I began to get spasms in the back of my head, neck, and back, and the twitching started to become noticeable, so noticeable that a co-worker took me to the side and said to me "what the hell is going on, you look like shit and what's with the jerking during the meeting? I had to call out from work, because I could not leave the bed. I was so scared, I didn't know how to tell my Doctor what I've done, I was for sure after all this time, my nervous system was destroyed. Well a few days ago I went to work and noticed sharp pains in the middle of my chest, I kept taking pepcid, drinking cold water, and ginger ale because I thought it was indigestion. That night around 1am I was watching TV and son was asleep. I began wheezing from the shortness of breath and the intense pain in my chest, I went on line and I read that when this happens in women it could be a heart attack. I couldn't leave my young son alone, I didn't want to wake him up to go to the hospital, so I sat up all night crying and afraid to sleep because I thought I was going to die. I was sweating, shaking, nauseated, and my chest felt like someone was trying to rip out my ribs. By that morning, I played it cool, I kissed my son, told him I love him and I sent him off to school, I sat down to catch my breath and started seeing pix elated dots, I immediately got dressed, and high tailed to the Hospital. The moment I walked in the door I told the registration nurse that I think I'm having a heart attack, she then said fill out this form quickly and I'll take you in the back. All I remember is writing my first name and everything just went black, the next thing I knew, I woke up with an oxygen tube in my nose, I was hooked up to a heart monitor, and had an IV in my arm. The Doctor said if I hadn't come in any sooner, I would have had a stroke and died. My blood pressure was so high I almost had a stroke, the Doctors caught it in time, I was delirious and light headed from dehydration. They were trying to find out, what put my body in such distress, when I told them I went cold turkey on Seroquel, the 2 nurses and Doctor all looked at one another and one nurse said "You actually stopped Seroquel 300 XR? you could of killed yourself " They treated the nausea, dehydration, and blood pressure with IV, then they gave me something that relaxed me. I was so exhausted, I slept through the night like a baby. Day 3 (today) they let me go home. This incident was the result of addictive withdrawal from stopping Seroquel 300 XR cold turkey. I've been thanking God over and over for not taking me from my son. I will continue the Wellbutrin in the morning and resort to a natural sleep aid for the night like Sleep MD. If there's anyone out there reading this blog, everything here is true and it's my life. I can't stress to you more that getting off anti-psychotic drugs cold turkey is life threatening, it is

dangerous as hell. If your doctors won't listen to you, like mine didn't, don't get pissed and just stop like I did. See another Doctor and ask him to help you through the weaning process. Seroquel withdrawal is an orientation of Heroine withdrawal. It will make you extremely sick and you can die.

POSTED BY BELLA AT 5:11 PM

LABELS: BIPOLAR, COLD TURKEY, DEPRESSION, DRUGS, MEDICINE, SEROQUEL, STRATTERA, WELLBUTRIN

141 COMMENTS:

J seroxxx March 25, 2009 at 11:16 AM

are you still alive?

Reply

Replies



barry micheal August 8, 2014 at 6:53 AM

I am Jasmin Fuentes from USA, my husband of 25years of marriage called James, we both had a misunderstanding which lead him to ignore me and go for another woman, I tried all I could to bring him back but there was no way out, he still insist on his words saying "he don't love me anymore" my parents and his parents try all they could to bring him back and settle both of us, but he disagreed, I was so frustrated and don't know what to do really, because I loves him so much than anything and he means a lot to me, I had two kids for him, but he refused to take care of us and even beat us and call me and our kids with all south of disruptive names, I brought the problem to the court, the barrister try all they could but still insist that he is going to give me a divorced letter, so on a certain day he brought a divorced letter home, telling me he does not want to see me anymore, we all packed and went to our new house, why he brought his new girlfriend home, and heard that they we be wedding this weekend, so I was crying and was in pain, because I know I did nothing wrong and don't not know why James drove me out, so my kids home teacher came to give them their evening lessons, and was so surprised that James drove me out of his house and she asked what happened which I explained everything to her, she told me that when she was still in this type of problem, that this was how he met a spiritualist doctor called DR AWAISE, he helped her to bring her husband back home between 24hours, I was so surprised to hear that, though I don't believe on love spells, I decided to call dr also and I spoke with him on the phone and I told him everything that is happening as at now,

he told me that I should not have anything to worry about all I need to do now is to have full faith and trust on him and he is going to do everything possible to make him come back and cancel the wedding ceremony, he told me that I should send him his and my information's to his email, which I did, in the next 35minutes he called and told me to provide some materials which he will use to make him love and bind him closer to me, which I did also, after some minutes of speaking with doctor on phone, the next thing that I saw was a car packed in my compound when I looked down to it, I was so surprised seeing my ex lover James coming down from the car, the next thought that come to my mind was this doctor is powerful and his love spells are really real, he walked down to the parlor, kneel down immediately he saw me and pleaded on his behalf that, he knows he really hurt me but I should forgive and forget everything which has happened, that he was charmed by the other woman, and he also said to me with smiles at his faces saying guest what? "that he has cancel the wedding and put stop to the relationship he had with the other woman" I was so surprised to hear that, tears of joy roll down on my face and I walked to where he was kneeling down and raise him up and accept him back, now we are now fully settle down with our kids, happiness, joy is now in our hearts and we all have peace of mind now and understand ourselves fully, I don't have another word to say than to say I love you doctor for what you have done magnificently in my life, you can also email doctor and asked for his help but I promise you that, he is going to help you in whatsoever situation you find yourself, his works is genuine and 100% sure and guarantee and is the best services... Email DR AWAISE on LANDOFOGUN@OUTLOOK.COM and you can contact him at his phone number via +2347032286452



Dave Huckleberry November 7, 2014 at 5:49 PM

Nigerian scam = comment from barry michael.



Wright Eva March 12, 2015 at 4:28 PM

A GREAT SPELL CASTER THAT HELP ME GET PREGNANT.

Are you in need of help to solve your infertility problem or to get pregnant? contact Dr. Ken solution home on this email (supersolutionhome@gmail.com) I am from USA, I have been trying for 5years to get pregnant and needed help! i have Been going to the doctors but still nothing. The doctor said that me and my husband are fine and I don't know where else to

turn. until one day my friend introduce me to this great spell caster who helped her to get back her lost husband back with love spell and also made her pregnant. So I decided to contact this spell caster Dr.Ken on his email (supersolutionhome@gmail.com) after interaction with him he instructed me on what to do, after then i should have sex with the my husband or any man I love in this world, And i did so, within the next one months i went for a check up and my doctor confirmed that i am 2weeks pregnant of two babies. I am so happy!! if you also need help to get pregnant or need your ex back please contact his email address: supersolutionhome@gmail.com or through His web address <http://supersolutionhome.webs.com> His private number is +2348074433380.
YOU CAN ALSO READ MY TESTIMONY ON MY BLOGGER LINK <http://wrighteva05.blogspot.com>



Rick williams July 6, 2015 at 5:13 PM

Hello i am Rick Williams,I am out here to spread this good news to the entire world on how i got my wife back.I was going crazy when my wife left me for another man last month,But when i meet a friend that introduce me to DR OZIL the great messenger to the oracle that he serve,I narrated my problem to DR OZIL about how my wife left me and also how i needed to get a job in a very big company.He only said to me that i have come to the right place were i will be getting my heart desire without any side effect.He told me what i need to do,After it was been done,In the next 2 days,My wife called me on the phone and was saying sorry for living me before now and also in the next one week after my wife called me to be pleading for forgiveness,I was called for interview in my desired company were i needed to work as the managing director. I am so happy and overwhelmed that i have to tell this to the entire world on how DR OZIL help me grant my heart desire. If you need any kind of help contact DR OZIL at the following email address: drozilsolutionhome@yahoo.com or drozilsolutionhome@outlook.com or through his website:

<http://drozilsolutionhome.wix.com/drozilsolutionhome> He also cast so many spell like,

- (1) If you want your ex back.
- (2) you need a divorce in your relationship.
- (3) You want to be promoted in your office.
- (4) You want women & men to run after you.
- (5) If you want a child.
- (6) You want to be rich.
- (7) You want to tie your husband & wife to be yours forever.
- (8) If you need financial assistance.
- (9) Herbal care.

Coming down from SEROQUEL: Seroquel and Cold Turkey
Contact him today on:
drozilsolutionhome@yahoo.com or
drozilsolutionhome@outlook.com or through his
website:
<http://drozilsolutionhome.wix.com/drozilsolutionhome>
and get your problems solved.

Reply



Bella March 27, 2009 at 1:16 PM

lol, I'm here seroxxx. Almost wasn't, I made it.

Reply

Replies



Luis Rodriguez November 30, 2013 at 5:18 PM

Thanks for tgis i stopped for a week and im really dizzy and ive been taking seroquel since i was 4 and im 14 now im trying to stop cold turkey



LauraEpley May 14, 2014 at 6:58 PM

My dr took me off suddenly Monday May 12 , I was only in 300 mg for a few weeks but on 150 for about a year he upped my dosage because he took me off ambien 10 mg cold turkey and I was on that for 3 years I go to him may 29 if I am still alive - I have been off it for three days now - fighting a infection so I am on antibiotics also I have been feeling nauseated don't know which it is coming from - I keep telling myself I can do this . I don't understand what he could not ween me off

Reply



seroxxx March 27, 2009 at 4:07 PM

Shoot! Thank God you're still there! I read your post and was horrified! I'm so happy you are still ok! These medicines are designed so that you cannot withdraw them... But I still encourage you to do so! My girlfriend is doin the same thing atm. She's on day 9 today and it's been hell! The day 1..3 were ok, then came the vomitting, nausea, diahrrea, headaches, "bad thoughts", brain "lock" and depersonalisation with dizzieness.

Luckily all this was put to hold after few more days (days 3-6). Now we've had the same problems as which caused the medication: the obsessive thoughts that somebody wants her to pleasure her in anyway possible....

But not all the time. Maybe a couple of times a day. But Iäm

now able to tell her and make her listen to what's going on in her brains. That they are just her own thoughts. Nothing more. She doesn't need to listen them.

Hopefully things will get better there as well as here.

I wish you a lot of strength!

P.S. I know you better without the drug!

Cheers,
Seroxxx ;)

Reply



Bella March 31, 2009 at 1:58 PM


Seroxxx, I will pray for your girlfriend, and before she gets any worst or end up in the Hospital like me, I would see a different M.D. I'm saying this because I did it the wrong way and I have uncontrolled muscle movements that I cannot control, they're not extreme but it's there. Also your girlfriend should tell you if her chest hurts, or she is seeing spots. I met someone on a blog who actually had a heart attack, and another died. They all went cold turkey like me and did not know how dangerous it really is. If there is any info I can get you let me know.

Reply

Gina May 25, 2009 at 1:19 PM


I was very scared for you when I read your blog post. I am very glad you got to the hospital before things could have gotten worse. I used to take 25 mg for sleep, to offset the Lexapro I used to take. Lexapro was making my blood pressure go up over the years, so I stopped taking it last year. I was still taking the Seroquel as I have been dependent on it for sleep previously. Over the past few months, I cut down the pill more and more every few days, until I was probably taking 5-10mg, maybe less. I stopped taking Seroquel completely 7 days ago. Thankfully I have been able to sleep without it. The only withdrawal I had was after one day of being off it, I had this kind of triangular kalidiscscope type thing pop up in my vision to the corner of my one eye, and it went away about after 15 minutes. I've had this once before, and that was back when I went off of ambien about 10 years ago, so I knew it had to be from the seroquel. The other thing I had was I felt a pinch in my leg the other night, like something biting me. It felt like a pinched nerve- lasted a few minutes, then went away. Next night got the same thing in my neck before I went to sleep, then it went away. These are the only weird things that have happened as a result of withdrawal. Just thought I'd share in case these things happen to anyone else.

Reply

 Tanisha October 24, 2009 at 3:39 AM


OMG I am trying to stop Seroquel too and I'm experiencing the same things as you. I'm so afraid to go to a hospital because I'm afraid their going to give me Seroquel. Thank you for your honesty

Reply

 Tracy January 29, 2010 at 7:06 AM

I just stopped taking all my med last night I am on 6. I can't afford them and what the hell is the point in taking them if they don't work. I woke up this morning feeling pretty good. One of my meds is Seroquel 100 XR. Thank you for posting this I will be careful from this point on to what my body symptoms are.

Reply

 Claire March 6, 2010 at 6:21 PM

Thank you so much for sharing your story and for everyone else too who has commented and shared their story. I have been taking Seroquel for about 5 years. I moved to a different city 2 yrs ago and had to switch psychiatrists which has been such an ordeal since I can't find one who is anywhere as good as my one in my previous city. At my last appt a couple of days ago my psychiatrist told me to stop taking my Seroquel 400mg XR. Not taper off, not reduce, just plain stop. I thought this was kind of weird, since my old psychiatrist never, never, never would have had me stop taking medication like that. So I stopped taking my Seroquel and the first day without it was HORRIBLE. I was having flashes of being really really hot, then really really cold. My face was red all day, at random times of day I thought I had a fever, my forehead and body was burning up, I was sweating all over the place and had to change my clothes about 4 times and take 3 showers, I felt nauseated all day, I felt horrible like I had the flu, my body hurt all over, every muscle, every bone, every organ ached. Then later in the day I started seeing spots and literally could not get out of my bed. My boyfriend came to see me, he walked in the house and I told him I thought he was dying. After asking me some questions I told him about stopping taking Seroquel. He was horrified that my doctor had told me to quit Seroquel completely. He called the office which was closed and talked to the on call physician. The lady told me to NOT stop taking Seroquel and to continue taking it until I called Monday and then demand that my doctor taper me off, not stop me cold turkey all at once. Please, please, please if you think you are going to stop taking Seroquel, even against a doctor's advice, start by tapering yourself off. The withdrawal symptoms are horrible and can be incredibly dangerous. Just because it is a prescription medication does not mean it is safe. And all doctors do not know what is best for you so a lot of times you must advocate for yourself. I am so mad I didn't question the doctor when she told me to cut off my medicine. I have been to psychiatrists too who have given me medicine which caused partial complex seizures (ones where you are still

sitting up and conscious, you're just not in control of your body, for me I would immediately have to sit down because I felt like I was gonna fall and then my hands would tense up, my eyes would race back and forth and my tongue would start undulating)and when I told the psychiatrist I was seeing he told me "muscle twitchiness" was normal. I think I know the difference between muscle twitchiness and an abnormal reaction!! But anyway, thank you for sharing your stories because when I read this I knew I wasn't being paranoid, I was having a medical issue!

Reply

I **dana** June 14, 2010 at 8:11 PM

I was taking seroquel at a real low dose for only a few weeks now and my psych told me to stop taking it because my feet, legs and sometimes my fingers are twitching. My feet have twitched eight times since I started this post. This is my first "full" day of not taking it and I have had a headache since yesterday. I'm wondering that since I have been taking it for that long (3 times a day) am I gonna withdraw from it as bad as everyone else has? This whole leg twitching crap is starting to piss me off. My psychologist doesn't think "my leg twitching is from the med". Dude it's one of the rare call your doc side effects jackass.

Anyway any help would be cool. I am glad you guys have withdrawn all safely.

Thank you

Dana

Reply

I **fraya1375** June 19, 2010 at 10:26 AM

I have only been on this med for a couple weeks but I find it is making me very agitated and angry almost. Everyday is the same and I hate it. I'm thinking of stopping. I'm on 150mg extended release once daily. It does help me sleep but I can take Tylenol PM for that really. It seems scary to stop cold turkey but I can't take this.

Reply



Victoria June 22, 2010 at 11:43 PM

I was wondering if you are still off of seroquel?

Reply



hilga007 July 10, 2010 at 8:47 PM

Hi there!

Thanks for sharing your story. I have been on Seroquel since October 2008 and have had quite a rough time of it. I "weened" myself from 150 to 100mg back in January and about a week ago weened myself again to 50mg for three

nights... then lost the Seroquel bottle so have totally stopped cold Turkey.

Vomited today, felt "shakey", "headachey" and overall just very unpleasant. Slept a lot through napping and had very odd, very vivid dreams.

Have you been able to maintain without being on Seroquel? Are you on other meds? How have you been doing?

Reply

Replies



Dave Huckleberry November 7, 2014 at 5:54 PM

You really should have weaned yourself off of Seroquel very slowly to diminish the withdrawal effects.

Reply



Tigra July 19, 2010 at 11:12 PM

I'm on Seroquel 600mg at night - just forgot to fetch my prescription yesterday afternoon and didn't drink my meds last night. Feeling absolutely terrible. The chills, sweating, aching and anxiety is really getting out of hand. Was wondering whether I should stop because I was starting to develop the same Tardive Dyskinesia symptoms that I had on my previous anti-psychotic - Stelazine. Lately I've been having facial ticks, my muscles are all locked up etc. Seroquel used to be really great for me but it's not anymore. And I REALLY need to use an anti-psychotic. The voices and hallucinations drive me crazy otherwise.

Reply



Private September 15, 2010 at 10:18 AM

Thank you for sharing your story. I have been taking Seroquel 200MG nightly for 4 years. It helps me tremendously. However, due to a change in health insurance I was unable to get my prescription refilled last week and it has now been 6 days without Seroquel. I feel like I am going to die. My body is so hot I feel like it is going to explode. All of my muscles ache, I am vomiting, have diarrhea, cannot eat, cannot sleep, cry on and off for no reason and I am starting to see things that aren't there. I am also very itchy and cannot stop scratching. It will be 3 more days until I get my Seroquel in the mail and I don't know if I can last that long. I am afraid to go to the hospital because I cannot afford to be out of work if I am admitted. I would kill to get my hands on some Seroquel NOW.

Reply

My doctor just stopped my Seroquel yesterday. She isn't weaning me or anything. I was having such horrible side effects (weight gain, muscle pain, swelling in the legs and ankles, indigestion and bloated). I am afraid b/c everything I read says to be weaned off. I was incereased from 200mg xr to 30mg xr about 6 weeks ago and when the dosage increased I became miserable.

Today has been bad my hands are shaking, my head is throbbing, my leg and hand muscles are twitching and I just feel off. My appetite went from revenous to non existant. I could not concentrate and kept day dreaming at work.

I called it quits around one came home and went to sleep. Has anyone everheard of a doctor taking someone off cold turkey after being on the med 7 months.

Reply

Jake Marshall December 5, 2010 at 1:13 PM

I have been on regular seroquel since 2007 50-100mg for sleep. I just started 400 mg 2 weeks ago to replace lithium because I now have chronic kidney disease from the lithium. I think that this medication is more than I need and these side effects are really frightening. My blood pressure is through the roof and I just turned 30, hence the kidney disease. The dr. can't seem to tell me if it's a direct result of medication or not. I just don't want to get worse. I'm worried that another dependency and withdrawal could give me a heart attack. I'm going to ask if I should start tapering now before I get addicted. There has to be a better option for bipolar besides this.

Reply

rayne_dropz January 2, 2011 at 12:41 AM

Thanks SO much for sharing..I quit my 100mg dose cold turkey a few weeks ago and I am not well. I was hoping to find out if what I was feeling is normal..Cant think straight enough to even write this as I really want..but thank you again for sharing..

Reply

Replies



Dave Huckleberry November 7, 2014 at 5:56 PM

You really should have weaned yourself off of Seroquel very slowly to diminish the withdrawal effects.

Reply